

United Food and Commercial Workers Union Local 655
Food Employers Joint Pension Plan
300 Weidman Road
Ballwin, Missouri 63011
(636) 394-6500 or 1-800-392-6550 toll free in Illinois and Missouri
DIRECT LINE (636) 736-2777 FAX: (636) 394-5006

Dear Future Retiree:

Enclosed is an application for pension benefits. Make sure that you answer all questions and **SIGN & DATE** your application personally. Also included are:

- An Estimate of your monthly benefit plus different options to which you are entitled along with an explanation of these options.
- Work after Retirement and Suspension of Benefits Guidelines
- Information regarding the Retirees' Club
- Retirement Declaration Form
- Direct Deposit Form
- Federal Withholding (FormW-4) Form

Please also make certain you complete the Retirement Declaration form and the Federal Withholding and return them with your Pension Application to the Fund Office. We also encourage you to complete and return the Direct Deposit Form which permits us to electronically deposit your retirement check directly to your bank account. This eliminates delays that can occur when checks are mailed and eliminates the possibility that your check will be lost or stolen when it is mailed.

You also **MUST GIVE PROOF OF YOUR AGE** to the Fund Office when filing your application. We will only accept a Birth Certificate or a Baptismal Record (copies accepted) as proof of age.

If you are a FEMALE retiring - you must give proof - tracing your name from birth until now.
EX: Birth certificate - maiden name, marriage certificate - showing how your maiden name changed to your current name. If you have been married more than once you must show proof of how that marriage began and ended (divorce decree or death certificate). To locate proof of divorce documents from the state of Missouri – try <https://www.courts.mo/gov/casenet/cases/judgements.do>

Pension Benefits are payable the 1st day of the month following 30 days from the date the pension application is received by the Fund Office, provided all requirements have been met.

To be eligible for the Full Final Year Credit, you must be at least 62, actively working under this Fund's jurisdiction and work up to the effective date of your retirement.

If you would like help in preparing your application, please call the Fund Office between 8:00 a.m. and 4:00 p.m., Monday through Friday at (636) 736-2777 or toll free in Missouri and Illinois 1-800-392-6550.

In accordance with the Plan Document, you are required to complete a Notification of Continued Existence for each Plan Year in order to continue receiving benefits. This form will be mailed to you by the beginning of October of each year and must be completed, signed, notarized and return to the Fund Office by the due date.

RECEIVING AND COMPLETING THIS PENSION APPLICATION DOES NOT GUARANTEE YOU A BENEFIT. THIS APPLICATION MUST BE REVIEWED BY THE FUND'S CONSULTANT AND APPROVED BY THE BOARD OF TRUSTEES.

Sincerely,

BOARD OF TRUSTEES OF THE UFCW LOCAL 655
FOOD EMPLOYERS JOINT PENSION PLAN

Explanation of Benefit Payment Options

BENEFIT PAYMENT OPTIONS	DESCRIPTION – Once an election of payment is made – it is payable for life. This option cannot be changed.
<p>Single Life Annuity (Normal form of payment for an unmarried participant)</p>	<p>Under this payment option, you will receive payments payable for your lifetime only. Upon your death, no benefits will be paid to a beneficiary. <i>Note: If you are married and you elect this option, spousal consent is required.</i></p>
<p>Husband & Wife Option (Options include 50%) (Normal form of payment for a married participant)</p>	<p>If you are married when you retire, you will automatically have your pension benefit payable in the Husband & Wife Pension. A Husband & Wife Pension provides you with a reduced benefit for your lifetime. If you die, your “qualified” surviving spouse will receive 50% of your benefit for life. *** <i>Note: If you elect an optional form of payment other than the Husband & Wife Pension, spousal consent is required. A “qualified” surviving spouse is your husband or wife to whom you are married for the 12 months immediately preceding your pension commencement date.</i></p>
<p>Joint and Survivor Option (Options include 50%, 75% or 100%)</p>	<p>A Joint and Survivor Option provides you with a reduced benefit for your lifetime. If you die, your designated Beneficiary will receive a benefit equal to 50%, 75% or 100% of your benefit for life if your designated Beneficiary survives you. *** <i>Note: If you are married and designate a Beneficiary other than your spouse, spousal consent is required.</i></p>
<p>***PLEASE NOTE: POP UP PROVISION</p>	<p>If you elect a 50% Husband and Wife Pension or a Joint and Survivor Option (50%, 75% or 100%) and if your spouse or designated Beneficiary dies before you, the monthly amount of your benefit will revert back to the Single Life amount as of the first of the month following notification of the death to the Fund Office.</p>
<p>Social Security Equalization (Leveling) Benefit</p>	<p>The United Food and Commercial Workers Union Local 655 Food Employers Board of Trustees has added Social Security Equalization (Leveling) (SSE) effective with retirements on or after July 1, 2014. You may be eligible for this option.</p> <p>You must supply the Pension Fund with a current copy of your Social Security Statement.</p> <p>To obtain a statement from Social Security you may:</p> <ul style="list-style-type: none"> Apply on line by going to their website – www.ssa.gov/myaccount to create an account; Call Social Security at 1-800-772-1213; or Visit a local Social Security Office. <p>Please Note: Your benefit under our Pension Fund must be at least \$50.00 per month after reduction for electing the SSE option upon reaching your elect date to receive social security benefits (62 or 65).</p> <p>The estimated amount paid to you under the SSE benefit of payment by United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan is our best estimate based on the information you provide. It is NOT a guarantee of what you will receive at the elected age from Social Security.</p>

SOCIAL SECURITY EQUALIZATION (LEVELING) (SSE)

The United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan Board of Trustees has added Social Security Equalization (Leveling) (SSE) effective with Retirements on or after July 1, 2014. You may be eligible for this option.

If you are interested or if you would like an estimate, you must provide the Pension Fund with a current copy of **your** Social Security Statement.

To receive a statement you may:

- Apply on line by going to their website – www.ssa.gov/myaccount to create an account; or\
- Visit a local Social Security Office.

- ❖ Your benefit must be at least \$50.00 per month after reduction for electing the SSE option upon reaching your elect date to receive social security benefits (62 or 65).

- ❖ You must meet the requirements for a pension benefit and be at least 52 but less than 65.

EXAMPLE:

Electing the SSE option	Monthly Benefit before age 62	Monthly benefit the first of the month after age 62
U.F.C.W. Local 655 Pension Benefit	\$1,700.00	\$1,532.60
Social Security Equalization	\$1,032.60	
Social Security Benefit		\$1,200.00
Total Monthly Benefit	\$2,732.60	\$2,732.60

PLEASE NOTE: The estimated amount paid to you under the SSE option of payment by United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan is our best estimate based on the information you provide. It is not a guarantee of what you will receive at the elected age from Social Security.

BALLWIN, MISSOURI 63011
 (636) 394-6500 or (636) 736-2777
 1-800-392-6550 - TOLL FREE IN MISSOURI & ILLINOIS
PENSION APPLICATION

Please read this application carefully before answering any questions. Print or type your answers to all questions which apply to you. If any part of this application is not entirely clear, do not hesitate to contact the Fund Office for assistance. After completing this application, be sure to **SIGN AND DATE** this application. *The Fund Office recommends that you apply for pension benefits at least 60 days prior to the date you want your pension payments to commence.*

M E M B E R I N F O R M A T I O N	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Address			Home Telephone ()
	City, State, Zip			Date of Birth
	Social Security Number			Last physical day of Employment
	Company Name			Effective Date of Retirement
	If you are currently working under this Fund's jurisdiction , are you entitled to additional vacation pay from your last day of employment to your effective date of retirement?			<input type="checkbox"/> Yes Specify Number of days <input type="checkbox"/> No _____
	**You MUST physically be off work for all unused vacation/personal/sick days due to you prior to the effective date of your retirement. Your retirement date will be the first of the month following your last day of work plus your unused vacation/personal/sick days. You must officially quit work for retirement benefits unless you are receiving a Mandatory Distribution.			
	Are your benefits being paid under the Mandatory Distribution (April 1 st following the calendar year you turn 70 1/2)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently married? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been married more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the questions below			
	Did your marriage end due to a Divorce or Death? <input type="checkbox"/> Divorce <input type="checkbox"/> Death			If your spouse died, please provide a copy of the death certificate.
If divorced, is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file which assigns some or all of your benefit to an Alternate payee(s)? (You must attach a copy of the Order)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

S P O U S E	Name	Date of Birth
	Social Security Number	Date of Marriage

P E N S I O N	Type of Pension Applying For: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Early <input type="checkbox"/> Vested <input type="checkbox"/> Disability	When did you first join Local 655?
	Are you still employed in Covered Employment under the jurisdiction of Local No. 655? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please answer the following: When did you last work as a Covered Employee under the jurisdiction of Local No. 655? Year Last Worked _____ Last Contributing Employer under this Fund _____ Address _____	After January 1, 1976, did you have any employment with a contributing Employer in any capacity other than in a Collective Bargaining position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please answer the following: _____ Name of Employer _____ Type of Employment _____ Dates of Employment
	If you are currently working outside of Local 655's jurisdiction, please answer the following questions: Name of Employer: _____ Address of Employer: _____ Job Description: _____ No. of hours per week: _____	
	Have you ever worked under the jurisdiction of any other Local Union, which is affiliated with the United Food & Commercial Workers Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Local(s), where, for how long? Local No. _____ City _____ State _____ Dates worked from _____ to _____ Local No. _____ City _____ State _____ Dates worked from _____ to _____	
	Have you ever served in the United States Armed Forces while covered under this Pension Plan's jurisdiction? <input type="checkbox"/> Yes (You must attach a copy of your discharge papers, DD 214) <input type="checkbox"/> No If Yes, provide the branch of service, date entered and date separated or discharged. _____ Branch of Service Date entered Date discharged	

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Are you applying for a Disability Pension? Yes No
If 'Yes' complete this section, (S S Awards letter must be submitted within 30 days from the date issued to be eligible for retro payments)
 If 'No' go to Election Of Payment section.

Have you ever received weekly accident & sickness benefits from the UFCW Local 655 Health & Welfare Fund? Yes No

Have you ever applied for Social Security Disability Benefits?
 Yes No

Name of Employer at time of Disability?

Have you received an Award Letter from Social Security?
 Yes No

Dates of weekly benefits?
 from _____ to _____

Have you worked at all, at any occupation since you became disabled? Yes No
 If yes, describe your work and period(s) of employment:

Employer _____ Earnings _____ Kind of Work _____

From _____ To _____

Employer _____ Earnings _____ Kind of Work _____

From _____ To _____

YOU CANNOT HAVE ANY EARNINGS AND RECEIVE A DISABILITY BENEFIT.

Requirements for Disability Pension:

1. Must have ten (10) credits with one earned during the contribution period;
2. Your termination of work in Covered Employment is due to the disability for which you are applying for a Disability Pension;
3. You are permanently and totally disabled;
4. You MUST be approved by Social Security for a Disability Pension; and
5. You MUST submit a copy of the Social Security Awards Letter.

Note - to be entitled to any retro-pay from the Fund Office your Social Security Awards letter must be received in the Fund Office within 30 days from the date issued.

Disability Amount:

The amount of the Disability Pension is the same as the Regular Pension depending upon the number of Pension Credits you earned. There is no reduction in the benefit amount because of your age. It is payable for life, assuming, of course, you remain totally and permanently disabled.

A Disability Pension starts on the first day of the month which follows six full months from the month in which you become disabled.

NOTE: The information contained in this statement is intended to be a summary of the provisions of the Plan Document related to the Disability Pension. If there are any inconsistencies, the terms of the Plan Document will govern.

ELECTION OF PAYMENT

E L E C T I O N O f P A Y M E N T	See 'Explanation of Benefit Payment Options and Estimates of Benefit Amounts ' before selecting your option of payment. All applications are submitted to our consultant for review and the Board of Trustees for approval.	
	Elect one by marking an 'X' in the yellow box. If electing Option "C" you MUST select the percentage.	
	A	I DO WANT TO RECEIVE MY PENSION BENEFIT IN THE FORM OF HUSBAND & WIFE @ 50% PENSION. PROOF OF MARRIAGE AND YOUR SPOUSE'S AGE IS REQUIRED.
	B	I DO NOT WANT TO RECEIVE MY PENSION BENEFIT IN THE FORM OF A HUSBAND AND WIFE @ 50% PENSION. HOWEVER, I WANT TO RECEIVE MY PENSION AS A SINGLE LIFE ANNUITY . You MUST complete the form marked Election, Certification & Signatures .
	C	I DO NOT WANT TO RECEIVE MY PENSION BENEFIT IN THE FORM OF A 50% HUSBAND AND WIFE PENSION. HOWEVER, I WANT TO RECEIVE MY PENSION IN THE FORM OF A JOINT & SURVIVOR OPTION. IF MARRIED AND NAME SOMEONE OTHER THAN YOUR SPOUSE, SPOUSAL CONSENT IS REQUIRED – You MUST complete the form marked Election, Certification & Signatures. <div style="text-align: center;"> Spouse or Beneficiary's proof of age is required. <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% </div> <div style="text-align: center; color: blue; font-weight: bold;">***COMPLETE THE FOLLOWING PORTION MARKED OPTION C, IF ELECTING THIS OPTION***</div>
O P T I O N C	Beneficiary Name:	
	Beneficiary Address:	
	Beneficiary Social Security Number:	
	Beneficiary Date of Birth:	

SOCIAL SECURITY EQUALIZATION (Leveling) BENEFIT

Additionally, providing that I meet all requirements of eligibility for this benefit, I wish to select the Social Security Equalization (Leveling) income Option.

*** To elect this option you MUST provide the Fund Office with your current Social Security Statement.

_____ I am **NOT** interested in the Social Security Equalization benefit.

_____ I am electing to have my benefit paid with the Social Security Equalization.

My Social Security benefit will begin at age: 62 65

To be eligible under this Trust, the applicant may not engage in any gainful occupation or employment according to the rules of the Plan Document. **See attached sheet – 'ABOUT RETIREMENT AND SUSPENSION OF BENEFITS'.**

I swear the information I have provided in this document is true to the best of my knowledge. I understand that the election of payment I have elected is irrevocable and cannot be changed for any reason after the first payment has been received and cashed or deposited by Electronic Fund Transfer.

Signature

Date

ELECTION, CERTIFICATION AND SIGNATURES

I elect the benefit and/or options indicated on this form in accordance with the terms of the Plan Document under which I am covered. Further, I/we agree or consent to any and all waivers indicated on this form. I/we certify that all the information on this form is correct to the best of my/our knowledge. I/we understand that the election of payment I/we have elected is irrevocable and cannot be changed for any reason after the first payment has been received and cashed or deposited by Electronic Fund Transfer.

RETIREE'S STATEMENT

I have rejected to receive my pension benefit in the form of a Husband & Wife @ 50% Option. I understand that rejecting this form of payment means no benefit will be paid to my spouse by the Pension Plan after my death, unless I elect another option or unless benefits are payable under other sections of the Plan to my spouse.

Yes I am the retiree and I have read the above statement and affix my signature below as proof.

Employee's Signature	Date (mm/dd/yyyy)
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SPOUSE'S STATEMENT

I swear that I am the legal spouse of the employee retiring for this benefit. I hereby consent to my spouse's rejection of the 50% Husband & Wife Pension and to the beneficiary he or she designated. I understand that as a result, I will not be paid a benefit from the Pension Plan after my spouse's death (*unless benefits are payable to me under another provision of the Plan*). I further recognize that because of this rejection the pension paid to my spouse while living may be higher than it would be if I had the 50% survivor protection.

Yes I am the spouse and I have read the above statement and affix my Signature below as proof.

Spouse's Signature	Date (mm/dd/yyyy)
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Above signatures must be witnessed by one of the following: **Notary Public** *or* **Plan Representative**

Notary Public

Notary Public's Signature

Commission Expiration Date

On this _____ day of _____ in the
year _____ the above consent was
signed acknowledged in my presence.

SEAL

Plan Representative

As the Plan Representative, I certify that I have verified the information on this form to be correct, and witnessed the above signature.

Plan Representative's Signature

Date

Retirement Declaration

Upon retiring with a pension from the United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan, I declare that I will be bound by all of the rules of the Pension Plan.

I have read and understand the Plan rules about working after retirement while receiving my monthly pension check.

I am aware that I cannot engage in the types of work described below without losing my monthly benefit payment.

1. **Before Normal Retirement Age.** To be considered retired before I have reached age 62, I must refrain from employment in Covered Employment or any work for gainful pursuit in the retail food industry within the geographic area covered by the Plan including those areas covered by Reciprocal Agreements with this Plan.

2. **After Normal Retirement Age.** To be considered retired after I reach age 62 and before I reach age 70 1/2, I must not work for 80 or more hours in a month in Covered Employment, or any work for gainful pursuit in the retail food industry within the geographic area covered by the Plan including these areas covered by Reciprocal Agreements with this Plan. I understand that **paid** non-work such as vacations, holiday, illness or other incapacity, layoff, jury duty or other leave of absence, shall be counted towards the 80 hours. If I become so engaged I shall not be entitled to pension benefits for any months in which I worked or was so engaged.

3. **Disability Retirement.**
 - A. I will report any earnings from any employment to the Board of Trustees, in writing, within 15 days after the end of the month I enter any employment and I recognize that engaging in any employment whatsoever will disqualify me for Pension Benefits from the month or months in which I had earnings from employment.

 - B. I understand that, when I am no longer totally disabled, I may apply for an Early Retirement Pension, or any other pension and, if eligible for same, it shall become effective as of the month immediately following the month in which the Disability Pension terminates.

If I do return to work as described above, I must notify the Plan in writing within 30 days after starting any work regardless of the number of hours I actually work. I must also tell the Board of Trustees when I stop working and want my pension payments to begin again.

I understand that I must personally sign each pension check (or complete a form providing for direct deposit of my benefit to a financial institution) and state that the signature below will be used as my endorsement on all pension checks (or on the agreement for direct deposit of my pension checks).

I HEREBY APPLY FOR A PENSION FROM THE UNITED FOOD AND COMMERCIAL WORKERS UNION, LOCAL NO. 655, FOOD EMPLOYER JOINT PENSION PLAN AND CERTIFY ALL STATEMENTS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF A PENSION IS GRANTED TO ME, I AGREE TO BE BOUND BY ALL THE 'RULES AND REGULATIONS' OF THE PENSION PLAN AND WILL PERSONALLY ENDORSE ALL PENSION CHECKS RECEIVED BY ME.

Employee's
signature

Date

NOTE: IF YOU ARE QUITTING YOUR JOB DUE TO ANY TYPE OF HEALTH REASON

INFORM THE FUND OFFICE SO THEY MAY INFORM YOU OF ALL YOUR OPTIONS.

Retirement Declaration

Upon retiring with a pension from the United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan, I declare that I will be bound by all of the rules of the Pension Plan.

I have read and understand the Plan rules about working after retirement while receiving my monthly pension check.

I am aware that I cannot engage in the types of work described below without losing my monthly benefit payment.

1. **Before Normal Retirement Age.** To be considered retired before I have reached age 62, I must refrain from employment in Covered Employment or any work for gainful pursuit in the retail food industry within the geographic area covered by the Plan including those areas covered by Reciprocal Agreements with this Plan.
2. **After Normal Retirement Age.** To be considered retired after I reach age 62 and before I reach age 70 1/2, I must not work for 80 or more hours in a month in Covered Employment, or any work for gainful pursuit in the retail food industry within the geographic area covered by the Plan including these areas covered by Reciprocal Agreements with this Plan. I understand that **paid** non-work such as vacations, holiday, illness or other incapacity, layoff, jury duty or other leave of absence, shall be counted towards the 80 hours. If I become so engaged I shall not be entitled to pension benefits for any months in which I worked or was so engaged.
3. **Disability Retirement.**
 - A. I will report any earnings from any employment to the Board of Trustees, in writing, within 15 days after the end of the month I enter any employment and I recognize that engaging in any employment whatsoever will disqualify me for Pension Benefits from the month or months in which I had earnings from employment.
 - B. I understand that, when I am no longer totally disabled, I may apply for an Early Retirement Pension, or any other pension and, if eligible for same, it shall become effective as of the month immediately following the month in which the Disability Pension terminates.

If I do return to work as described above, I must notify the Plan in writing within 30 days after starting any work regardless of the number of hours I actually work. I must also tell the Board of Trustees when I stop working and want my pension payments to begin again.

I understand that I must personally sign each pension check (or complete a form providing for direct deposit of my benefit to a financial institution) and state that the signature below will be used as my endorsement on all pension checks (or on the agreement for direct deposit of my pension checks).

I HEREBY APPLY FOR A PENSION FROM THE UNITED FOOD AND COMMERCIAL WORKERS UNION, LOCAL NO. 655, FOOD EMPLOYER JOINT PENSION PLAN AND CERTIFY ALL STATEMENTS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF A PENSION IS GRANTED TO ME, I AGREE TO BE BOUND BY ALL THE 'RULES AND REGULATIONS' OF THE PENSION PLAN AND WILL PERSONALLY ENDORSE ALL PENSION CHECKS RECEIVED BY ME.

NOTE: IF YOU ARE QUITTING YOUR JOB DUE TO ANY TYPE OF HEALTH REASON AND PLAN ON APPLYING FOR A DISABILITY PENSION FROM SOCIAL SECURITY PLEASE

RETAIN THIS COPY FOR YOUR RECORDS

UNITED FOOD AND COMMERCIAL WORKERS

UNION LOCAL 655 PENSION PLAN

ABOUT RETIREMENT AND SUSPENSION OF BENEFITS

RETIREMENT

To be considered retired you must refrain from what is defined under the Plan as disqualifying employment.

DISQUALIFYING EMPLOYMENT

Before age 62

Any employment which is Covered Employment or any work for gainful pursuit in the retail food industry within the geographic area covered by this Plan including those areas covered by Reciprocal Agreements with this Plan which provide for the combining of related pension credits in order to qualify for a benefit from each plan.

At or after age 62

As of August 1, 1989, employment of 80 hours or more in any employment or self-employment which is in an:

- a. industry covered by the Plan when pension payments began;
- b. in the geographic area covered by the Plan when your pension began; and
- c. in any occupation in which you worked under the Plan at any time or any occupation covered by the Plan at the time your pension payments began. However, if you worked in Covered Employment only in a skilled trade or craft, employment or self-employment shall be disqualifying only if it is in work that involves the skill or skills of that trade or craft directly or, as in the case of supervisory work, indirectly. However, in any event, any work for at least 80 hours in a month for which contributions are required to be made to the Plan shall be disqualifying.

Paid non-work time shall be counted toward the measure of 80 hours if paid for vacation, holiday, illness or other incapacity, layoff, jury duty, or other leave of absence.

After age 70-1/2

As of April 1 of the calendar year following the year in which you reach 70-1/2, you will be considered in retirement, whether or not you are employed. This means that no types of employment are prohibited after April 1 of the calendar year following the year in which you reach age 70-1/2.

RETIREMENT ON A DISABILITY PENSION

If you are a Disability Pensioner, the Plan document states that you may not work at any occupation. If you do work, you must report any earnings to the Plan Office within 15 days after the end of the month in which you have earnings. You will not receive your pension for any month in which earnings were reported. If you recover from your disability and return to work, you may apply and receive any other type of pension for which you are eligible. Your post-retirement

RETAIN THIS COPY FOR YOUR RECORDS

NOTICE OF RETURN TO WORK

You must notify the Fund Office of your return to work within 30 days of the date you return. The Pension Plan is permitted to recover any benefits paid to you while you were working in disqualifying employment without providing the required notice by withholding a portion of your benefit when payment is resumed.

If you are age 62 and the Board of Trustees learns that you have worked in disqualifying employment without providing proper notice, it will be presumed that you have been working at least 80 hours per month for the months prior to the month you gave such notice. You will have the right to overcome this presumption by establishing the actual facts of such employments.

You are entitled to a review of any determination suspending your benefits. You may file a written request for review with the Board of Trustees within 60 days of the notice of suspension at the Fund Office. You may also request that the Board of Trustees review any contemplated employment to determine whether it will be disqualifying.

BENEFIT PAYMENTS FOLLOWING SUSPENSION

You must notify the Plan office in writing when you want your pension payments to resume. After this notice is received, your benefit will be paid for the months after the last month the benefit was suspended. However, if prior benefit payments were made to you while you were working in disqualifying employment, the Plan will not resume your pension while you are younger than age 62 until payment(s) erroneously made to you while you worked in disqualifying employment have been recovered. In any event, the Plan will not withhold more than 25% of your monthly benefit to recover overpayment if you have reached age 62, except for the first payment which may be withheld up to 100%.

When you later retire after a return to disqualifying employment, your benefit will be recalculated. If you earn Pension Credits during your return to work, your pension will be recalculated upon your subsequent retirement based upon any additional Pension Credits.

If you originally retired prior to age 62 (disability excluded) and you returned to work, your benefit will be recalculated when you later retire based on your age upon resumption of your benefit and the amount of the benefits you originally received. That is, your benefit will be adjusted so that the suspension does not result in a reduction in the value of

RULES ON SUSPENSION OF BENEFITS

The suspension of benefits provisions in the Plan are in accordance with Department of Labor regulations concerning suspension of benefits. Those regulations can be found in Section 2530.203-3 of Title 29 of the Code of Federal Regulations.

ACH DIRECT DEPOSIT AUTHORIZATION

I authorize the **United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan**, to deposit with the financial institution noted below, for crediting to my account, any amounts due me from the Plan, to debit or adjust my account for any credit entered in error. I understand that pension payments are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to the United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Fund. I understand this Direct Deposit Authorization shall remain valid until I notify the Pension Office in writing to the contrary.

Is this a Joint Account? Yes No **If yes, both parties of the account must sign this document.**

Date	Name	Financial Institution Name
Social Security Number	Financial Address	Financial City, State, Zip Code
Routing Number (9 digit)	Account Number	Checking Account Saving Account

Member's signature

Joint Account Holder's signature

ATTACH YOUR VOIDED CHECK
(write "VOID" in large letters on your check)

****** If you do not give us a voided check we will need the financial institution's routing number and your account number.***

**Please mail form back to: U F C W Local 655 Pension Fund
300 Weidman Road
Ballwin, MO 63011**

FEDERAL TAX WITHHOLDING FORM

One part of the "Tax Equity and Fiscal Responsibility Act of 1982" may affect your pension benefits. The law says that, starting in 1983, the Fund must withhold federal income tax from your monthly pension payment unless you tell us, **in writing**, that you do not want us to withhold the tax.

The law set up this pension withholding because government officials felt that people, who did not realize that they owed taxes on their pensions would have to pay penalties as well as the taxes at the end of the year, because they had not paid estimated taxes during the year. On the other hand, many pensioners do not, in fact, owe federal income taxes on their pensions. Whether you have to pay federal income tax depends on the total amount of your taxable income - remember, for many people, Social Security benefits are exempt from any federal income tax. If you are not likely to owe any tax, you may well want to instruct the Fund not to withhold anything from your pension. **This is an important individual financial decision on which you may want to consult a qualified tax advisor.**

Marginal federal income tax rates are now indexed to compensate for inflation and the Tax Reform Act of 1986. Wage-withholding tables based on those reduced tax rates have been issued. As of 2013 and basis of these tables, no tax is required to be withheld from monthly payments that are below \$1,680.00 a month, unless the retiree requests it, because that is the monthly withholding threshold for a "married-and-three" taxpayer.

The Pension Fund Office is only required by law to withhold Federal Tax from your Pension Check and not State Taxes.

You may have the Fund Office system calculate the amount to be withheld if your gross monthly benefit amount is \$540 or more if claiming Single or \$680 or more if claiming married

OR

Please consult a tax advisor and enter the total dollar amount you want to have withheld each month by the X (if specifying a dollar amount to be withheld) or you may elect to have a percentage withheld by writing the percent amount off to the side by the % sign.

You **can** change your decision on withholding at any time, by filing a new form with the Fund Office.
Thank you for your cooperation.

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments	OMB No. 1545-0415 <div style="text-align: right; font-size: 1.2em;">2014</div>
Type or print your full name	Your Social Security Number	
Home address (number and street or rural route)	Claim or identification number (if any) of your pension or annuity contract	
City or town, state, and ZIP code	N/A	
Complete the following applicable lines: 1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3) <input type="checkbox"/> 2. I want my withholding from each periodic pension or annuity payment to be figured using the number or allowances and marital status shown. (You may also designate a dollar amount on line 3.) % Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate 3. I want the following additional amount withheld from each pension or annuity payment. Note: For periodic payments you can not enter an amount here without entering the number (including zero) of allowances on line 2. X \$ 		
Your signature - X	Date - X	

FOR INFORMATIONAL PURPOSES ONLY

In accordance with the Plan Document, you are required to complete a Notification of Continued Existence for each Plan Year in order to continue receiving benefits. This form will be mailed to you by the beginning of October of each year and must be completed, signed, notarized and return to the Fund Office by the due date.

NOTIFICATION OF CONTINUED EXISTENCE FOR YEAR END 2013

To be completed by anyone receiving a benefit from the United Food and Commercial Workers Local 655 Food Employers Joint Pension Plan. **Failure to complete this form will stop you from receiving future benefits** effective January 1, 2014. **RETURN THIS FORM BY 12/09/2013** (use enclosed envelope).
This form must be COMPLETED, SIGNED, DATED and NOTARIZED before returning.

NAME		
DATE OF BIRTH	PHONE NUMBER	SOCIAL SECURITY NUMBER
ARE YOU THE - <input type="checkbox"/> RETIREE <input type="checkbox"/> SPOUSE <input type="checkbox"/> BENEFICIARY	HOW DO YOU RECEIVE YOUR PENSION CHECK? <input type="checkbox"/> DIRECT DEPOSIT OR <input type="checkbox"/> MAIL <i>If received by mail you must endorse these checks yourself.</i>	
DO YOU WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give place of employment	
Number of hours worked per week	Job description	

COMPLETE IF YOUR ADDRESS HAS CHANGED	STREET ADDRESS
CITY/STATE	ZIP CODE

FEDERAL TAX INFORMATION - Please check which applies to you.

Start withholding	Stop withholding	Increase withholding by:	Decrease withholding by:	Leave the same as last year
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ONLY COMPLETE THE W-4P ON THE REVERSE SIDE IF YOU ARE MAKING A CHANGE IN YOUR FEDERAL TAX WITHHOLDING. THIS CHANGE WILL BE EFFECTIVE THE FIRST OF THE MONTH FOLLOWING THE DATE THE FUND OFFICE RECEIVES THIS FORM.

*****PLEASE NOTE:** *At the time of retirement if you elected a 50% Husband and Wife Pension or a Joint and Survivor Option (50%, 75% or 100%) and if your spouse or designated Beneficiary dies before you, the monthly amount of your benefit will revert back to the Single Life amount as of the first of the month following notification of the death to the Fund Office.*

<input checked="" type="checkbox"/> SIGNATURE	<input checked="" type="checkbox"/> DATE
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TO BE COMPLETED BY A NOTARY PUBLIC OR PLAN REPRESENTATIVE

State of _____)
 _____) SS
 County of _____)

Personally came before me this _____ day of _____, _____, the above named _____, to me known to be the person who executed the foregoing and acknowledged the same.

SEAL _____
 Notary Public OR Plan Representative

My commission expires: _____.

RETAIN THIS COPY FOR YOUR RECORDS

FOOD EMPLOYERS JOINT PENSION PLAN RETIREE'S CLUB

Welcome:

Here is information on the Retirees Club of Local 655, hoping this will entice you to join our club. This is a social club which will enable you to continue friendships made while working and also to make new friends. As a retiree, we have survived the working years, now let us get together and enjoy our retirement years.

PURPOSE OF THE ORGANIZATION

- A) To establish a means through which UFCW retirees may join together to make a more useful contribution to their community and the nation.
- B) To provide retirees with an opportunity for social and recreational activity.
- C) To keep retirees more informed of economic, social and political developments which will affect their lives.
- D) The spouse of a deceased member is welcome as an associate member by paying the regular dues.

MEETINGS AND LUNCHEONS

Meetings and luncheons are held the 2nd Tuesday of each month starting at 10:30 a.m. in the meeting hall at the Union Office. You may invite your spouse or a friend to attend with you.

Dues are \$2.00 per month and must be paid annually or semi-annually. The semi-annual dues of \$12.00 must be paid by the March meeting to qualify you to attend the free picnic in June. (*New members will discuss this matter with the Treasurer when they register*). The balance of the semi-annual dues of \$12.00 must be paid before September to qualify for the Christmas Party. **Special Note:** The full \$24.00 yearly dues must be paid before September to be eligible for the Christmas Bonus given by the Club at the Christmas Party.

Luncheon: Monthly luncheon cost is \$9.00.

Free Lunches: June - picnic, December - Christmas Party

If you have any questions, suggestions or special interests, **do not call the union office**, please call any of the board members listed below:

President	Craig Stankovich	636-284-7774
1st Vice President	Bernie Garvels	314-353-2935
2 nd Vice President	Alice Haub	314-432-1797
Secretary	Pamela Rodgers	314-845-2966
Treasurer	Sharon Dragschutz	314-831-5131
Assist Treasurer	Mike Balling	314-894-8227
Sergeant at Arms	Bob Wonish	314-426-0798
Trips/Entertainment	Doris Wonish	314-426-0798
Food/Entertainment	Alice Haub	314-432-1797
Asst. on Food	Joan & Frank Zucol	314-843-5101
Cards	Joyce Johnson	636-207-7596

We look forward to seeing you join us for our monthly meetings and most important of all, we would like to see you at our luncheons.

Sincerely,

Retiree' Club

RETAIN THIS COPY FOR YOUR RECORDS